

California Board of Recreation and Park Certification, Inc

California Certification Promotes Pride and Excellence in the Profession

P.O. Box 2137 Fallbrook, CA 92088 **Voice/Message/Text:** 661- 538-1332 Email: cbrpcca@gmail.com Website: cbrpc.org

TEXAS CERTIFIED TRANSFER to CBRPC RTC APPLICATION

*This option is for recreation therapists who hold current Texas Certification and are coming to CA and want to transfer your Texas Certification to CBRPC Recreation Therapist Certification, **Attach a copy of your current Recreation Therapist Texas Certification and complete below and payment form as soon as possible and mail it back to: CBRPC PO Box 2137 Fallbrook, CA 92088** and you will receive your CBRPC Recreation Therapy Certification card, certificate and lapel pin and be placed in a renewal cycle, which mean in 2 years you will need to show proof of earning 2.0 CEU's and pay a renewal fee. Information regarding the renewal will be sent to you with your certificate and card. The State of CA is seeking Licensure, and when it occurs having CBRPC and/or National Certification will guarantee you being grandfathered into Licensure. If you have any additional questions, please email: cbrpcca@gmail.com or call/text 661-528-1332.*

Please print clearly.

TEXAS CURRENT CERTIFICATION TITLE & NUMBER		DATE OF BIRTH	
		Month:	Day: Year:
ADDITIONAL CERTIFICATIONS		CURRENTLY EMPLOYED IN THE FIELD?	
Additional Current Certifications- check all that apply: <input type="checkbox"/> CTRS <input type="checkbox"/> CPRP		Are you currently employed in the field? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employed in the field; check all that apply <input type="checkbox"/> Per Deim <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Clinical Setting <input type="checkbox"/> Community Setting <input type="checkbox"/> Not working in the field		How many years have you worked in the field as a recreation therapist?	
PRESENT JOB TITLE			
Check which applies to your position: <input type="checkbox"/> Entry Level <input type="checkbox"/> Supervisory Level <input type="checkbox"/> Management Level <input type="checkbox"/> Administrative <input type="checkbox"/> Educator <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> N/A <input type="checkbox"/> Other; briefly explain			
Check all that apply: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> PhD <input type="checkbox"/> Ed.D <input type="checkbox"/> other: explain			
LAST Name:		FIRST Name:	Middle Initial:
CA Mailing Address:			Apt/Unit/Space #
City & State			Zip Code:
Include area codes			W:
Home:		Cell:	
PREFERRED Email:			
CULTURE: Check all that apply directly to YOU			
<input type="checkbox"/>	White or Caucasian	<input type="checkbox"/>	Japanese
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Korean
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Other Pacific Islander
<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Samoaan
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Asian Indian
<input type="checkbox"/>	Cambodian	<input type="checkbox"/>	Native Hawaiian
<input type="checkbox"/>	Hmong	<input type="checkbox"/>	Other Asian
<input type="checkbox"/>		<input type="checkbox"/>	Guamanian
<input type="checkbox"/>		<input type="checkbox"/>	Mien
<input type="checkbox"/>		<input type="checkbox"/>	Laotian
<input type="checkbox"/>		<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>		<input type="checkbox"/>	Latino
<input type="checkbox"/>		<input type="checkbox"/>	Other:
<input type="checkbox"/>		<input type="checkbox"/>	Unknown/ Not Reported
Recreation Therapist INCOME: check current (approximate) hourly rate of pay. (How to calculate: take bi-monthly or monthly gross income and divide it by the number of hours you worked for that pay period and you will get your hourly rate of pay)			
<input type="checkbox"/>	\$5-9	<input type="checkbox"/>	\$21-24
<input type="checkbox"/>	\$10-14	<input type="checkbox"/>	\$25-29
<input type="checkbox"/>	\$15-20	<input type="checkbox"/>	\$30-34
<input type="checkbox"/>		<input type="checkbox"/>	\$35-39
<input type="checkbox"/>		<input type="checkbox"/>	\$40-44
<input type="checkbox"/>		<input type="checkbox"/>	\$45-49
<input type="checkbox"/>		<input type="checkbox"/>	\$50-54
<input type="checkbox"/>		<input type="checkbox"/>	\$55-59
<input type="checkbox"/>		<input type="checkbox"/>	\$60-64
<input type="checkbox"/>		<input type="checkbox"/>	\$65-69
<input type="checkbox"/>		<input type="checkbox"/>	\$70-74
<input type="checkbox"/>		<input type="checkbox"/>	\$75-79
<input type="checkbox"/>		<input type="checkbox"/>	\$80-84
<input type="checkbox"/>		<input type="checkbox"/>	\$85-89
<input type="checkbox"/>		<input type="checkbox"/>	\$90-94
<input type="checkbox"/>		<input type="checkbox"/>	\$95-99
<input type="checkbox"/>		<input type="checkbox"/>	\$100
<input type="checkbox"/>		<input type="checkbox"/>	\$125 +
DECLARATION: I have read over the directions and hereby declare the information contained and any attachments are accurate and true.			
Signature:			Date:

**Texas Recreation Therapist Certification Transfer to CBRPC
TRANSFER PAYMENT INFORMATION**



Paying by Check/ Money Order:	\$60.00
Paying with a Visa or MasterCard:	\$65.00 (\$5.00 processing fee)

I will pay with a check/money order made payable to: CBRPC

Check enclosed Check/MO # _____ : (attach to form)

Make check/ Money Order payable to: CBRPC and mail both forms to:
CBRPC PO Box 2137 Fallbrook, CA 92088

***\$40 charged for checks returned for account closed or insufficient funds

I will pay with my Credit Card (Check one: <input type="checkbox"/>  or <input type="checkbox"/> 
Card Number:
Expiration Date:
Cardholder Name:
Cardholder Signature:
Cardholder Address:
Date:

Email completed form to: cbrpcca@gmail.com